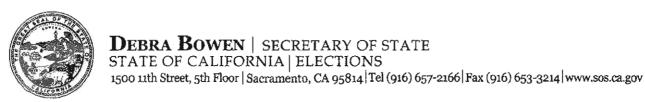
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REQUEST FOR MONTHLY VOTER REGISTRATION INFORMATION Non-DMV NVRA Covered Agency Offices

RESPONSE REQUESTED BY JULY 22, 2008

Please indicate the number of voter registrations, by categories, you received from NON-DMV NVRA COVERED AGENCY OFFICES* in your county during the month of: **JUNE 2008**

NAME OF COUN	JTY: ORANGE
	stration at all public assistance agencies mandated as sites under NVRA
 Voter Regis with disabil 	stration at all state-funded agencies primarily serving persons ities
• Voter Regis	tration at all armed forces recruitment offices
_	stration at all other agencies designated by the State and not der NVRA
	have the capability to track to the above levels so here is our
Non-DMV N	VRA COVERED AGENCY OFFICES TOTAL . This is
NOT a cum	ulative total of the above questions.
CONTACT PERSON:	EVELYN P. BELL
PHONE NUMBER:	(714) 567-7569
E-mail Address:	evelyn.bell@rov.ocgov.com
	ions, please feel free to contact me at (916) 657-2166. Please FAX your e at (916) 653-3214 or email your response to me at ov. Thank you!
*This includes application stamps, AFDC, IHSS, Me rehabilitation and those se	ns for new service or renewals from various social services agencies, including food